

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0010771)

Address: 1954 STATE RD 23, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096358 **End Date:** 02/08/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094965 **End Date:** 06/02/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008235 Served 06/08/2005

Deficiencies Cited
83.43(3)(a)

Subject Area
SMOKE DETECTION SYSTEM & HEAT DETECTORS

Compliance
Verified
02/08/2006

Corrected
Yes

Survey ID: 0093783 **End Date:** 12/16/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 11/29/2005

Date Investigation Completed: 02/08/2006

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/27/2005

Date Investigation Completed: 02/08/2006

Subject Area(s)
PROGRAM SERVICES
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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